ASTROPHYSICS SEMINAR EVALUATION FORM

Speaker’s Name:  
Speaker’s Presentation Title:  
Date:  

Overall impression (did you find this a good presentation?)

☐ excellent  ☐ above average  ☐ average  ☐ below average  ☐ poor

Presentation (was speaker clear, loud, articulate, well-paced? did speaker make eye contact?):

Visual Aids (were they large enough to be seen, were figures and labels legible, did the figures enhance rather than distract?):

Organization (was the material synthesized logically, did the audience leave with a number of understood ideas, did the talk flow, did the organization fit in the time allotted?):

Interaction with Audience (was presentation at appropriate level, was jargon explained, were questions answered effectively?):

Other comments: